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PTO/SB/21 (09-04)
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	AL MADE		Application Number	09/928,822	
TRANSMITTAL			Filing Date	September 28, 2001	
	FORM		First Named Inventor	Randall C. Walker	
(to be used for all correspondence after initial filing)			Art Unit	2176	
			Examiner Name	William L. Bashore	
	Total Number of Pages in This Submission	22	Attorney Docket Number	33050/101/103	

Total Number of Pages in This Submission	on 22 33050/101/103					
ENCLOSURES (Check all that apply)						
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statemed Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Exhibit A & B and Return Postcard					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name Nawrocki, Rooney & Sivertson PA						
Printed name Richard C. Stempko	veki Ir					
Date 8/29	Reg. No. 45,130					
CERTIFICATE OF TRANSMISSION/MAILING						
	e is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on					
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PTO/SB/17 (12-04/2)
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FEE TRANSMITTAL For FY 2005

Filing Date September 28, 2001 First Named Inventor Randall C. Walker **Examiner Name** Willaim L. Bashore Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2176 AMOUNT OF PAYMENT (6)

TOTAL AMOUNT OF PAY	MENT (\$)	0.00		Attorney Docke	t No. 330	50/101/103	
METHOD OF PAYMEN	T (check all	that apply)					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 14-0620 Deposit Account Name: Nawrocki, Rooney & Sivert For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling f							
		(s) or underpayme	nte of foo	رم <u>ا</u>			ept for the filing fee
warning: Information on thi information and authorization	R 1.16 and 1. s form may be	17 come public. Credi		· · Credi	t any overpay		ovide credit card
FEE CALCULATION							
EASIC FILING, SEAF	FILING F			CH FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0
2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c Total Claims 12 - 20 or HP = HP = highest number of total Indep. Claims 4 - 3 or HP = HP = highest number of indep APPLICATION SIZE If the specification and listings under 37 Claims	including Reim over 3 (ilaims Extra Claim O Idaims paid for Extra Claim O Deendent claims FEE drawings e FR 1.52(e))	including Reissums Fee (\$) x 0 r, if greater than 20. 18 Fee (\$) x 0 paid for, if greater than 20. x ceed 100 sheet, the application	Fee = an 3. s of papsize fee	due is \$250 (\$	125 for sma	Fee (\$) 50 200 360 Multiple De Fee (\$) 0	Small Entity Fee (\$) 25 100 180 pendent Claims Fee Paid (\$) 0 ace or computer each additional 50
sheets or fraction the Total Sheets 0 - 100 =	Extra Shee	<u>ts Numbe</u>	r of each	<u>additional 50 o</u>	or fraction th		
						= 0 Fees Paid (\$)	
Other (e.g., late filing surcharge):						0	

SUBMITTED BY			
Signature	466	Registration No. (Attorney/Agent) 45,130	Telephone 612-331-1464
Name (Print/Type	Richard C. Stempkovski, Jr.	5	Date 8/29/05

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